



Incident Report

Print Date/Time: 07/20/2016 08:23
Login ID: ss0143

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00012848

Incident Date/Time: 7/3/2016 8:08:52 PM
Location: SR 9 NE / LUNDEEN PKWY
LAKE STEVENS WA 98258
Phone Number: (425) 931-3761
Report Required: Yes
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19R1	SS0131-Wells

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	ANDREW		(425) 931-3761			

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
------	------	------	------	-------	-------	---------	-------

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
------	------	------	------	-------	-------------	---------	----------

07/03/2016 : 20:10:38 SP0408 Narrative: LR 408

07/03/2016 : 20:10:25 SP0408 Narrative: CC, NOW, NON INJ, NON BLOCKING, DODGE RAM VS SUBARU

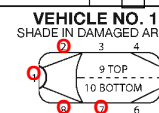
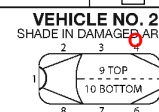
COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E561144**CASE # **16-00012848**LOCAL AGENCY CODING **0664**TOTAL # OF UNITS **02** OBJECT STRUCK

TRIBAL RESERVATION

DATE OF COLLISION **07** - **03** - **2016** TIME (2400) **2008** COUNTY # **31** MILES **N** **E** **IN** **OF** **0664**ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐
HWY **9** BLOCK NO. MILE POST DISTANCE MILES N E OF (REFERENCE OR CROSS STREET) **LUNDEEN PKWY**UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONELAST NAME **LINDOR** FIRST NAME **CARLEE** MIDDLE INITIAL **J**STREET NEW ADDRESS **866 TAYLOR LN UNIT 202**CITY **SEDRO WOOLLEY** ST **WA** ZIP **98284**CDL RESTRICTIONS ENDORSEMENTS DRIVER'S LICENSE # **LINDOCJ107QL** STATE **WA** SEX **F** D.O.B. **11** - **13** - **1990**ON DUTY ☐ STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIESLICENSE PLATE # **ALC6407** STATE **WA** VIN# **JF1SG63606H721622**TRAILER PLATE # STATE TRAILER PLATE # STATE VEH. YEAR **2006** MAKE **SUBA** MODEL **FORSW** STYLE **UT** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **CARLEE LINDOR 866 TAYLOR LN SEDRO WOOLLEY WA 98284**LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONELAST NAME **KELLY** FIRST NAME **ANDREW** MIDDLE INITIAL **I**STREET NEW ADDRESS **4500 HARBOR POINTE BLVD #536**CITY **MUKILTEO** ST **WA** ZIP **982750000**CDL RESTRICTIONS **B** ENDORSEMENTS DRIVER'S LICENSE # **KELLYAI153PT** STATE **WA** SEX **M** D.O.B. **10** - **30** - **1985**ON DUTY ☐ STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIESLICENSE PLATE # **MC02066** STATE **WA** VIN# **1B7KF2360XJ569874**TRAILER PLATE # STATE TRAILER PLATE # STATE VEH. YEAR **1999** MAKE **DODG** MODEL **RAMPU** STYLE **4C** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **ANDREW KELLY 4500 HARBOR POINTE BLVD #536 MUKILTEO WA 982750000**LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **PROGRESSIVE 70225996**VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE OFFICER'S NAME (PRINT) **C. WELLS** BADGE OR ID # **0131** AGENCY **WA0311900**


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E561144**CASE # **16-00012848**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		LINDOR BRITTANY A													
ADDRESS & PHONE # 866 TAYLOR LN UNIT 202 SEDRO WOOLLEY WA 98284										SEX F	D.O.B. MMDDYYYY 08	-	23	-	1999
PASSENGER <input checked="" type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT # 1	SEAT POS. 3	AIRBAG 2	RESTR. 4	EJECT 1	HELMET USE	INJURY CLASS 1	NATURE OF INJURIES						
NAME (LAST, FIRST, MIDDLE INITIAL)		LINDER ABIGAIL L													
ADDRESS & PHONE # 866 TAYLOR LN UNIT 202 SEDRO WOOLLEY WA 98284										SEX F	D.O.B. MMDDYYYY 04	-	01	-	2001
PASSENGER <input checked="" type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT # 1	SEAT POS. 8	AIRBAG 2	RESTR. 2	EJECT 1	HELMET USE	INJURY CLASS 1	NATURE OF INJURIES						
NAME (LAST, FIRST, MIDDLE INITIAL)		DICKERSEN AUTUMN R													
ADDRESS & PHONE # 866 TAYLOR LN UNIT 202 SEDRO WOOLLEY WA 98284										SEX F	D.O.B. MMDDYYYY 09	-	22	-	2012
PASSENGER <input checked="" type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT # 1	SEAT POS. 7	AIRBAG 2	RESTR. 8	EJECT 1	HELMET USE	INJURY CLASS 1	NATURE OF INJURIES						

NARRATIVE

Unit #1 LINDOR was turning right (northbound) onto Hwy 9 from Lundeen Pkwy into lane #2 when her children, who were in the back seat, began yelling. She turned her head to look back at them when she entered lane #1 and struck Unit #2 KELLY in the passenger side rear tire.

Unit #1 sustained front end damage to the driver's side quarter panel and the front bumper was ripped off. No injuries were reported.

Unit #2 sustained minor damage to the passenger side wheel well and rim. No injuries reported.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. WELLS**07-03-16 10:34 PM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

BOB SUMMERS 0079**7/7/2016 1:53:23 PM**BADGE OR ID # **0131**ORI # **WA0311900**TIME POLICE DISPATCHED **8:12 PM**TIME POLICE ARRIVED **8:16 PM**



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E561144**CASE # **16-00012848**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		DICKERSEN WYATT D																
ADDRESS & PHONE # 866 TAYLOR LN UNIT 202 SEDRO WOOLLEY WA 98284										SEX M	D.O.B. MMDDYYYY 07	-	10	-	2010			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	9	AIRBAG	2	RESTR.	8	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		KELLY ASHLEY L																
ADDRESS & PHONE # 3310 E COLLEGE WAY APT 4 MOUNT VERNON WA 982739109										SEX F	D.O.B. MMDDYYYY 07	-	07	-	1985			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		KELLY RYAN J																
ADDRESS & PHONE # 4500 HARBOR POINTE BLVD #536 MUKILTEO WA 982750000										SEX M	D.O.B. MMDDYYYY 01	-	04	-	2015			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	8	AIRBAG	2	RESTR.	5	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES

NARRATIVE

Unit #1 LINDOR was turning right (northbound) onto Hwy 9 from Lundeen Pkwy into lane #2 when her children, who were in the back seat, began yelling. She turned her head to look back at them when she entered lane #1 and struck Unit #2 KELLY in the passenger side rear tire.

Unit #1 sustained front end damage to the driver's side quarter panel and the front bumper was ripped off. No injuries were reported.

Unit #2 sustained minor damage to the passenger side wheel well and rim. No injuries reported.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. WELLS**07-03-16 10:34 PM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

BOB SUMMERS 0079**7/7/2016 1:53:23 PM**BADGE OR ID # **0131**ORI # **WA0311900**TIME POLICE DISPATCHED **8:12 PM**TIME POLICE ARRIVED **8:16 PM****PART B** 3000-345-160 R (7/06)PAGE **3** OF **4**

REPORT NO. E561144

CASE # 16-00012848

DATE AND TIME
OF COLLISION 07/03/16 20:08

